

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: 10/675,419
 Group Art Unit: 6182
 Applicant: John M. Kulp
 Title: **SACRIFICIAL SURFACTANATED PRE-WET FOR DEFECT
 REDUCTION IN A SEMICONDUCTOR PHOTOLITHOGRAPHY
 DEVELOPING PROCESS**
 Attorney Docket: CT-001
 Confirmation No.: 6182

Cincinnati, Ohio 45202

June 7, 2007

Mail Stop Appeal Brief - Patents
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

TRANSMITTAL OF BRIEF ON APPEAL
(PATENT APPLICATION - 37 CFR § 1.192)

1. Transmitted herewith is the BRIEF ON APPEAL in this application with respect to the Notice of Appeal filed on February 9, 2007.
2. **STATUS OF APPLICANT**
☐ small entity
☒ other than a small entity
3. **FEE FOR FILING APPEAL BRIEF**
 Pursuant to 37 CFR 1.17(f) the fee for filing the Appeal Brief is:
☐ small entity \$250
☒ other than small entity **\$500**
4. **EXTENSION OF TIME**
 Applicant petitions for an extension of time under 37 CFR § 1.136 for the total number of months checked below:

Extension (months)	Fee for Other than <u>Small Entity</u>	Fee for <u>Small Entity</u>
<u> </u> one month	\$ 120.00	\$ 60.00
<u> X </u> two months	\$ 450.00	\$ 225.00
<u> </u> three months	\$ 1,020.00	\$ 510.00
<u> </u> four months	\$ 1,590.00	\$ 795.00
<u> </u> five months	\$ 2,160.00	\$ 1,080.00

Fee **\$450**

If an extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

[] An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

[] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.

5. TOTAL FEE DUE

The total fee due is:

Appeal Brief fee:	\$500.00
Extension fee (if any):	<u>\$450.00</u>
Total Fee Due:	\$950.00

6. FEE PAYMENT

[X] Payment is made on the attached Electronic Fee Sheet.

[] Charge Deposit Account No. **23-3000** the sum of \$_____.

7. FEE DEFICIENCY

[X] If any additional extension and/or fee is required, this is a request therefor and to charge Deposit Account No. 23-3000.

and/or

[X] If any additional fee for claims is required, charge Deposit Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

By: /Kristi L. Davidson/

Kristi L. Davidson, Reg. No. 44,643

2700 Carew Tower
441 Vine Street
Cincinnati, OH 45202
(513) 241-2324 (voice)
(513) 241-6234 (facsimile)